

## CLAIMS ONLY

Application Number

6758132

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1.						
2.						
3.						
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46.						
47.						
48.						
49.						
50.						
Total Indep						
Total Depend						
Total Claims			2			

\* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
53						
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59						
60						
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99						
100						
Total Indep						
Total Depend						
Total Claims			2			